

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

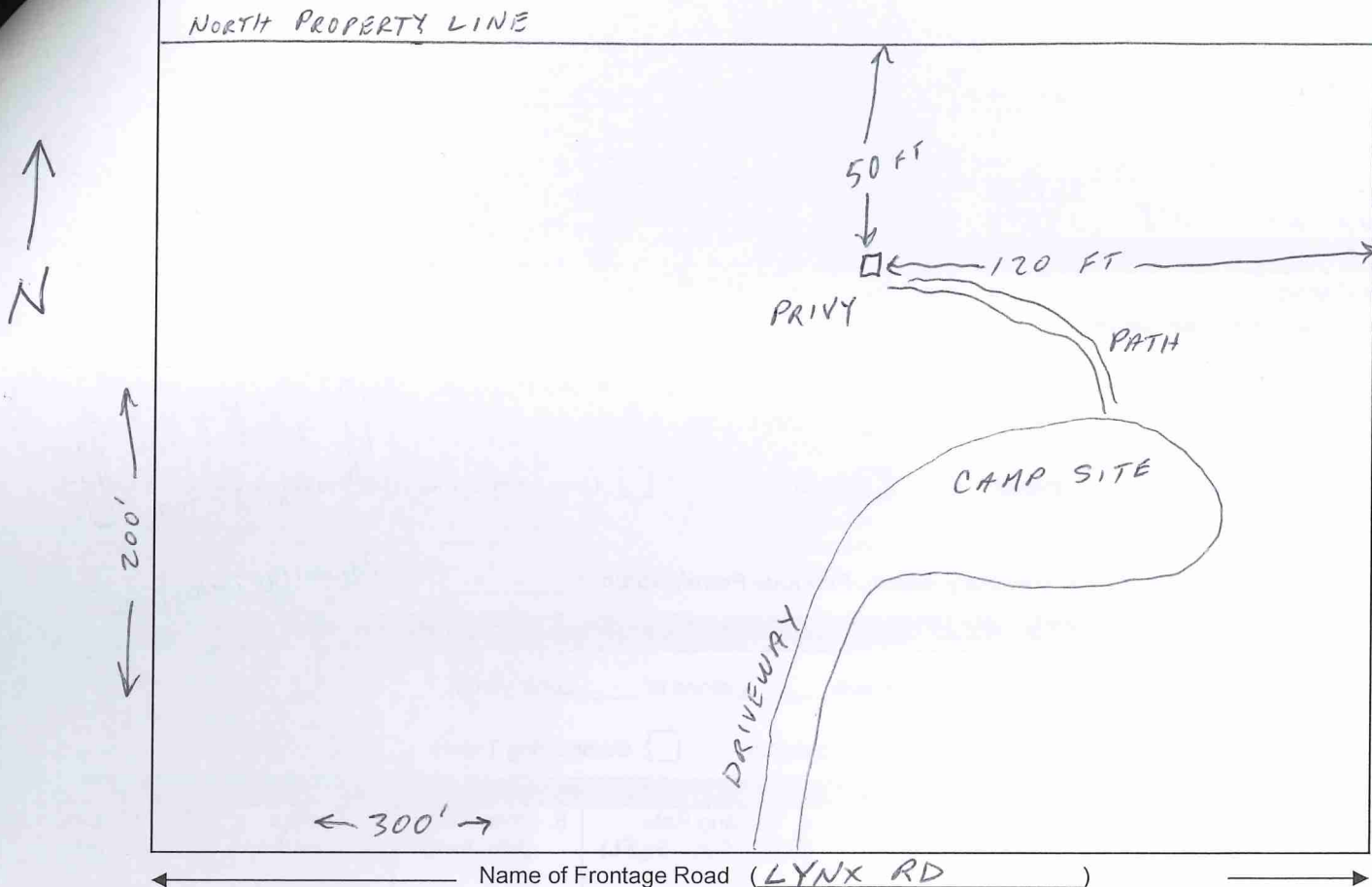


Zoning District _____
Lakes Class _____

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No: <b>120-20</b>		County Permit No: <b>20-0232</b>				
Property Owner's Name: <b>TAMMY KENIRY</b> <b>MICHAEL KENIRY</b>				County: <b>Bayfield</b>						
Address of Property: <b>920 1140 LYNX RD BARNES WI 54873</b>				Property Location: <b>NW 1/4 SW 1/4, S 18 T 45 N, R 09 E (or) W</b>						
Property Owner's Mailing Address: <b>920 W OMAHA ST</b>				Township: <b>BARNES</b>		Gov. Lot #:				
City, State <b>WASHBURN WI</b>	Zip Code <b>54891</b>	Phone Number <b>715-209-7317</b>	Lot # <b>12-13</b>	Block #: <b>11-13</b>	CSM #:	CSM Doc #	Subdivision Name <b>MOHAWK ADDITION</b> <b>POTAWATOMI ESTATES</b>			
<b>II. TYPE OF BUILDING: (Check One)</b>				Tax ID#: <b>3762</b>						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <b>TRAILER CAMPER</b>				<b>04-004-2-45-09-18-3 00-223-07000</b>						
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision      ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. <b>Previous Permit Number:</b> _____ <b>Date Issued:</b> <u>Bayfield Co. Zoning Dept.</u>										
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>										
C) <input checked="" type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
<b>V. ABSORPTION SYSTEM INFORMATION:</b>										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
<b>VI. TANK INFORMATION:</b>										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber										
<b>VII. RESPONSIBILITY STATEMENT:</b>										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) <i>If applying for Section C above</i> <b>TAMMY KENIRY MICHAEL KENIRY</b>				Owner's Signature(s): (No Stamps) <i>Tammy Keniry Michael Keniry</i>						
Plumber's Name: (Print) <i>If applying for Section A or B above</i>				Plumber's Signature: (No Stamps)		MP/MPRSW No:				
Plumber's Address: (Street, City State, Zip Code)				Home Phone:		Business Phone:				
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>										
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit/Transfer Fee: <b>150.00</b>		Date Issued: <b>8-27-20</b>		Issuing Agent's Signature / Date: <i>A. Baker</i> <b>8/26/20</b> <b>1423713</b>				
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>										



Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 (a-o) COMPLETELY**

- |   |   |
|---|---|
| a. Building to all lot lines                            | i. Privy to building                          |
| b. Building to centerline of road                       | j. Privy to lake, river, stream or pond       |
| c. Building to lake, river, stream or pond              | k. Drain field to closest lot line            |
| d. Septic / holding tank to closest lot line            | l. Drain field to building                    |
| e. Septic/holding tank to building                      | m. Drain field to well                        |
| f. Septic / holding tank to well                        | n. Drain field to lake, river, stream or pond |
| g. Septic / holding tank to lake, river, stream or pond | o. Well to building                           |
| h. Privy to closest lot line                            |   |

**Submit To:** Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0232** Issued To: **Tammy & Michael Keniry**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot **12 & 13** Block                      Subdivision **mohawk Add to Potowatomi** CSM#

For: **Residential Other: [ Pit Privy (Soil Test #120-20) ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been

misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**August 27, 2020**

Date